

City of Milwaukee Property Recording Program

OPERATOR RESIGNATION FORM

SECTION 1: OPERATOR	PLEASE TYPE OR PRINT IN INK!
Check One: Person Corporation, Limited Partnership, or Limited	ited Liability Company
	Date of Birth://
Last Name or Business Name or Organization Name First Name	
House Number Dir Street Street Type	City State Zip Code
Check One: ADDRESS - Home () PHONE - Home Business ()	() s ()
REGISTERED AGENT FOR CORPORATION, Last Name LIMITED PARTNERSHIP OR LIMITED LIABILITY COMPANY	st Name MI Wis. Corp. Div. I.D. #
Effective/ I,	will no longer be the operator for the
Date (Print Name Please)	, will no longer so the operator for the
property listed below and (if more than one) on the attached shee	et for this owner.
Operator's Signature Date	
SECTION 2: PROPERTY DESCRIPTION	
SECTION 2. PROPERTY BESCHIPTION	
Taxkey Number House Number	Dir Street Name Street Type
	Additional Property List for Same Owner (ST,PL,RD,etc.)
Zip Code # Residential Units	_ Number of Properties on Attached list
SECTION 3: PROPERTY OWNER	
Check One: 🖵 Person 🖵 Corporation, Limited Partnership, or Limit	ited Liability Company Other (specify)
Owner: Last Name or Business Name or Organization Name Firs	
Last Name or Business Name or Organization Name Firs	t Name MI Jr., III, etc.
House Number Dir Street Street Street Type	City State Zip Code
Check one: () Home Address () Business Address	
Telephone Numbers: Home () Bus	siness ()
Ownership Type: () Titleholder () Land Contract Purchaser	() Other - list

If you have any questions or need assistance in completing this form, call the Department of Neighborhood Services at (414) 286-8569.

Mail form to: Dept. of Neighborhood Services, Property Recording Program 841 N. Broadway Room 105
Milwaukee, WI 53202-3613